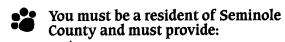
SEMINOLE COUNTY DEPARTMENT OF PUBLIC SAFETY • ANIMAL SERVICES DIVISION

To qualify for a \$25.00 public rebate from Seminole County after your dog or cat has been sterilized, you must meet the following requirements:



- PROOF OF RABIES VACCINATION
- PROOF OF SEMINOLE COUNTY PET LICENSE

Seminole County Pet License may be obtained by visiting our office or submitting your request by mail with the following enclosed:

- A copy of the current rabies vaccination certificate issued by the veterinarian.
- · A self addressed, stamped envelope.
- A check or money order made payable to: SEMINOLE COUNTY COMMISSION.
- Mail to: Seminole County Animal Services
 232 Bush Boulevard
 Sanford FL 32773-6179

PET LICENSE FEES

Sterilized Dog/Cat \$ 6.00/Year Unsterilized Dog/Cat \$11.00/Year

PROOF OF STERILIZATION

Proof of rabies vaccination and the Seminole County
Pet License must be current and up-to-date (within the
last 12 months). NO pet license other than one issued
by Seminole County will be honored.
Proof of sterilization must be in the form of a document

Proof of sterilization must be in the form of a document that includes the name, address and phone number of the veterinarian/clinic that performed the procedure; the name of the procedure that was performed; the date the procedure was performed; the owner's name and the animal's name.



LICENSE APPLICATION and REBATE APPLICATION may be submitted at the same time.



You must file a REBATE APPLICATION within 30 days of sterilization to be eligible for the \$25 rebate.



Residents adopting animals from Seminole County Animal Services are not eligible for the Seminole County Sterilization Rebate Program.



Applicants will be notified if they do not qualify for the public rebate.



Please send copies of documents only as documents will not be returned.

| COMPLETE THIS FORM AND MAIL T | : DEPARTMENT OF PUBLIC SAFETY, ANIMAL SERVICES DIVISION, 232 BUSH BLVD, SANFO | | | | FORD FL 32773-6198 |
|---|---|------------------------------|------|------------|--------------------|
| P | LEASET | Y P E O R P R | INT | | |
| NAME OF THE APPLICANT (OWNER OF THE ANIMAL AS IT APPEARS ON SEMINOLE COUNTY PET LICENS | SE) | | | | |
| CURRENT MAILING ADDRESS | S | | | | |
| CURRENT STREET ADDRESS | · | | | | |
| CITY | ZIP | TELEPH | ONE | | QUESTIONS? |
| TYPE OF ANIMAL | DOG | CAT | MALE | FEMALE | CALL |
| BREED | | COLOR | NAME | | |
| RABIES TAG NO. | | SEMINOLE CO. PET LICENSE NO. | | | 407-665-5201 |
| DATE | SIGNATURE OF A | PLICANT | | | |
| DATE | SIGNATURE OF ANIMAL SERVICES OFFICIAL | | | | |